Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kinzinger for Congress PO Box 2365 ADDRESS (number and street) (Check if address is changed) Ottawa 61350-6965 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.electadam.com (Check if address is changed) DATE 05 2018 C00458877 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , Mr., Type or Print Name of Treasurer Kilgore, Paul, , Mr., [Electronically Filed] 12 06 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand		Kinzinger, Adam, , ,	
Candi Party	idate Affiliati	on REP Office Sought: X House Senate President	State IL District 16
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	(D + -
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		- J. J
Kinzinger for	Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
ADAM KINZINGER	- FUTURE 1ST COMMITTEE	
Mailing Address	PO BOX 2381	
Mailing Address	OTTAWA IL	61350 
Relationship: Conne	CITY STAT ected Organization Affiliated Committee	
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
Kilgor	e, Paul, , Mr.,	
Full Name	824 S Milledge Ave Ste 101	
Mailing Address		
		20005
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
. <b>Treasurer</b> : List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the commi g., assistant treasurer).	ittee; and the name and address of
Full Name Kilgore of Treasurer	e, Paul, , Mr.,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA CITY STATE	
Title or Position Treasurer	Telephone number	706 - 534 - 7780

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Full Name of Designated G Agent G	oode, Michael, , ,		
Mailing Address	024 0 Williage AV die 101		
	Athens	GA L	30605
	CITY	STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone r	number 70	6
Banks or Other De safety deposit boxes	spositories: List all banks or other depositories in which the common maintains funds.	nittee deposits fu	inds, holds accounts, rents
Name of Bank, Dep	ository, etc.		
<u> </u> F	irst State Bank		
Mailing Address	1212 La Salle Street		
	Ottawa	L L	61350-2023
	CITY	STATE	ZIP CODE
Name of Bank, Dep	ository, etc.		
В	BB&T 1909 K Street NW		
Mailing Address	1909 K Street NW		
	Washington	DC	20003
	CITY	STATE	ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID num	
2.		FEC ID num	
3.		FEC ID num	ber C
4.		FEC ID num	ber C
ame of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Represen	tative, or Leadership PAC Spor
REPUBLICANS	INSPIRING SUCCESS & EMPO	WERMENT PRO	JECT (RISE PROJECT)
I			
Mailing Address	PO BOX 2485		
	SPRINGFIELD		A   22152
Relationship:	CITY ▲	STAT	E ▲ ZIP CODE ▲
	Affiliated Committee  Affiliated Committee  fy by name, address (phone number – option	Joint Fundraising Reprint	esentative Leadership PAC S
esignated Agent: Identi			esentative Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optio	nal)	
esignated Agent: Identi	fy by name, address (phone number – optio	nal)	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optio	nal)	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optio	nal)  STATE  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	fy by name, address (phone number – optio	nal)  STATE  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optio	nal)  STATE  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optio	nal)  STATE  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optio	nal)  STATE  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optio	nal)  STATE  Telephone Number	ZIP CODE A